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Complete if Known Substitute for form 1449/PTO **Application Number** Filing Date 09/10/2003 INFORMATION DISCLOSURE First Named Inventor KENISON, Dale C. STATEMENT BY APPLICANT Art Unit (Use as many sheets as necessary) **Examiner Name** Attorney Docket Number 70021220.0092

Sheet

Examiner Initials*	Cite No.1	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
12		Number-Kind Code ^{2 (# known)} US- 4,847,243	07/11/1989	Wallace	rigoros Appear
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		Country Code ³ "Number ⁴ "Kind Code ⁵ (if known) MM-DD-			Or Relevant Figures Appear	₽₹
PA		WO 96/25852	08/29/1996			
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Examiner Signature	Phillip	D.	Ray	Date Considered	1/11/2006

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